Reply to a correspondence addressing the European guideline for treatment of atopic eczema, functional textiles and the CLOTHES trial

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Abstract: We have read with interest the respectfully written correspondence by Wüthrich et al. regarding antimicrobial silk textiles for atopic dermatitis (AD) (1). Though it was submitted as a comment to the European consensus-based S2k guidelines on treatment of atopic eczema (2,3), it is discussing in 70% of its length the CLOTHES trial - published in two non-JEADV-publications which we have neither designed nor authored (4,5).

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Reply to a correspondence addressing the European guideline for treatment of atopic eczema, functional textiles and the CLOTHES trial

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We have read with interest the respectfully written correspondence by Wüthrich et al. regarding antimicrobial silk textiles for atopic dermatitis (AD) (1). Though it was submitted as a comment to the European consensus-based S2k guidelines on treatment of atopic eczema (2,3), it is discussing in 70% of its length the CLOTHES trial – published in two non-JEADV-publications which we have neither designed nor authored (4,5).

Wüthrich et al. have correctly realized that, based on current evidence, the S2k guidelines author group has not issued a recommendation for or against silk clothing anymore (3), whereas the ETFAD position paper published 2016 still does (6). Silver coated textiles are still recommended in Fig. 1 of the European consensus-based S2k guidelines in mild, moderate and severe AD for both adults and children (2,3). Newer evidence on the durability of silver coated antibacterial garments, which has been published after the March 2017 inclusion deadline of the guidelines, indicates a deliverable antimicrobial activity of silver coated functional textiles (7). The extensive, several decades long, positive clinical experience of the correspondence authors is well noted, and corresponds to their published experience of one week treatment in 14 AD children (8). Both have not been cited in the respective part of the S2k guidelines (3). The next version of our consenus-based guidelines may incorporate additional data.

We feel that the majority of the correspondence authors' comments should have been filed long ago to the authors of the CLOTHES trial in the respective journals, but we will nevertheless try to address these based on published knowledge and what seems feasible in a short response:

a) The CLOTHES trial was designed as a pragmatic trial mimicking real life conditions and included 300 children. Even if the garments should be worn as much as possible, the minimal compliance requirement of participants makes sense to be as low as clinical reality.

b) In our opinion, the therapeutic decision for long-term antibacterial intervention should include a long-term estimation of disease severity. The NESS has probably been chosen as one of the inclusion criteria for the CLOTHES trial, because it is a validated epidemiological tool for assessing eczema severity over the last 12 months, and not just the current objective signs of AD. In addition, there had to be lesions that could be treated and assessed.

c) A different trial with different inclusion criteria might have shown different results. This may or may not be proven by conducting a new trial, and we would like to include the results in the next version of the guidelines.

4) For all other methodological aspects of the CLOTHES trial, we suggest writing a correspondence to PloS Med so that these aspects may receive the attention which they deserve, as well as an accurate reply by the CLOTHES trial authors.

In conclusion, the field of functional textiles is interesting and fast moving, and the section authors, as well as the entire guidelines group will happily include additional evidence in the next version of the guidelines.

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